

# NOTICE

## REQUEST FOR PROPOSALS DETROIT EMERGENCY SHELTER GRANT PROGRAM

**DUE DATE: FRIDAY, DECEMBER 19, 2003**

The City of Detroit anticipates receiving a Federal Grant for emergency shelter and certain supportive services for the homeless in July 2004. Approximately \$1.8 million in total funding is expected.

The City is now inviting tax-exempt nonprofit organizations, which have at least one year's experience in providing shelter and/or assistance to the homeless to submit proposals for funding consideration. Renewal applicants should base their request on the amount awarded in 2003, this includes the amount awarded for each activity. Program Requirements and the City Application Form are enclosed.

Proposals/Applications are due in the 2051 Rosa Parks Blvd., Ste. 2A office <u>no later</u> than <b>4:30 P.M., Friday, December 19, 2003</b> . Proposals delivered by mail must also be received by the due date and time specified. <b>Faxes will not be accepted.</b>
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Submit one (1) original and one (1) copy of your proposal to:

Department of Human Services  
Homeless Coordination Division  
2051 Rosa Parks Blvd., Suite 2A  
Detroit, Michigan 48216  
Attention: Ms. Willie Jones

Successful applicants will be notified of their selection for program participation. For further information about the program or proposal, contact Ms. Willie Jones (628-2779), Ms. Cora Nelson (628-2771) or Ms. Carolyn Candie (628-2776).

CITY OF DETROIT  
DEPARTMENT OF HUMAN SERVICES  
2004 DETROIT EMERGENCY SHELTER GRANT PROGRAM

**REQUEST FOR PROPOSALS**

Private, nonprofit, tax exempt organizations, which have provided assistance to the homeless for **at least one year**, are invited to submit proposals for funding from the Detroit Emergency Shelter Grants Program (ESGP) to the City of Detroit, Department of Human Services. The City anticipates receiving an estimated total of \$1.8 million in ESGP funds from the U.S. Department of Housing and Urban Development in July 2004, which the City may sub-grant to nonprofit organizations. Total ESGP funding available for Essential Services and Homelessness Prevention activities are subject to 30% caps respectively. The City may use 5% of the total grant amount for its administration costs.

**ELIGIBLE ACTIVITIES:** ESGP funds may be used for one or more of the following four (4) activities that assist the homeless:

**Activity 1. Rehabilitation**

**Minor repairs, moderate rehabilitation or renovation of emergency shelter facilities**, as required for City emergency shelter licensing, building, health and safety code compliance. Repairs, moderate rehabilitation or renovation must be sufficient to bring the facility up to code after work is completed.

**Activity 2. Essential Services**

**Provision of essential services to homeless individuals**, including services concerned with employment, health, substance abuse treatment, education, permanent housing placement, transportation, child-care and similar social services. **Outreach to the street homeless is desirable and a focus point of the Department.** Salaries of persons performing activities under this category are allowable.

**Activity 3. Operation and Maintenance**

**Costs of an emergency shelter's routine maintenance, operation**, rent, insurance, utilities, security, supplies, equipment, fuels and furnishings. Shelter maintenance and security staffing costs are fully allowable. Costs for administration, including administrative operating staff, non staff costs (such as office equipment and office supplies) and audits are allowable, but may not exceed 10% of the total amount of the cost of the operation and maintenance activity. Commercial hotels or motels may be used for shelter only if the daily room rate is substantially less than ordinarily charged and the use of such facilities can be shown to be cost effective. Transitional housing operating and maintenance costs are also eligible under this activity.

#### **Activity 4. Homelessness Prevention**

**Developing and implementing homelessness prevention activities**, including aftercare prevention services for formerly homeless persons/families placed in permanent housing. Services to assist persons/families that have received eviction notices or notices of utility service termination are subject to all of the following limitations:

1. The inability of the family to make the required payments must be the result of a sudden reduction in income.
- b. The assistance must be necessary to avoid eviction or termination of utility services.
- c. There must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time.
- d. The assistance must not supplant funding for homeless prevention activities from any other source, including, but not limited to, FIA State Emergency Relief or other welfare programs.

**UNALLOWABLE ACTIVITIES:** Emergency Shelter Grant funds may not be used for the following:

- a. Acquisition or new construction of any facility
- b. Administrative staff or operating staff costs that exceed 10% of the total requested for operations and maintenance grant activity.
- c. Grants may not be used to renovate, rehabilitate or convert buildings owned by primarily religious organizations or entities, except under certain conditions when it is determined that the principle of separation of church and state would not be violated, and the religious organization or entity agrees to certain grant conditions to ensure the same. This is determined on a case-by-case basis. (Call for more information.)
- d. Any activity, which assists other than homeless persons (except homelessness prevention). Generally, the term "homeless" means, a person or family who lacks a fixed, regular and adequate nighttime residence or that resides in a private or publicly operated shelter. "Homeless" does not include persons imprisoned or otherwise detained pursuant to an Act of Congress or State law.
- e. Any activity other than as specified as eligible.

## **GRANT AWARDS.**

The City of Detroit will review all proposals/applications submitted and select one or more for funding. The City reserves the right to reject any and all proposals, to ask the applicant for more information, and/or to require modifications in a proposal before grant award may be made. Incomplete or late proposals will be rejected, without exception. Grants will be awarded contingent upon City receipt of funds from the Federal Government.

**Note:** The City may spend not more than 5% of its total grant for city administration, nor more than 60% of its total grant for essential service or homelessness prevention activities, nor may administrative costs of shelters exceed 10% of the operations and maintenance activity.

***Submission: Submit 1 original and 1 copy of your proposal to:***

**Department of Human Services  
Homeless Coordination Division  
2051 Rosa Parks Blvd., Suite 2A  
Detroit, Michigan 48216  
Attention: Willie Jones**

Proposals must be received in the Department of Human Services office by 4:30 P.M., Friday, December 19, 2003. All proposals must be received by this date and time, whether mailed or hand delivered. **Faxes will not be accepted.** For additional information contact Ms. Willie Jones at 628-2779, Ms. Cora Nelson at 628-2771 or Ms. Carolyn Candie at 628-2776.

## **PROPOSALS MUST BE COMPLETE WHEN SUBMITTED.**

City staff will not accept any late proposal submissions or revisions to proposals when submitted after the deadline, or contact your organization to request missing information. Make sure the required certifications are signed and dated, and all exhibits are labeled, side-tabbed and fully completed. Read your proposal carefully and make sure it is properly completed before submitting it.

CITY OF DETROIT  
DEPARTMENT OF HUMAN SERVICES  
2004 DETROIT EMERGENCY SHELTER GRANT PROGRAM (ESGP)

2004 ESGP APPLICATION AND EXHIBITS

CONTAINING:

SELECTION AND RANKING CRITERIA

BODY OF APPLICATION - PAGES 1 THROUGH 13

EXHIBIT 1 ORGANIZATION AND QUALIFICATIONS

EXHIBIT 2 ZONING, LICENSES AND INSPECTIONS

EXHIBIT 3 REPAIR, REHABILITATION AND RENOVATION INFORMATION  
(REQUIRED ONLY FOR CONSTRUCTION FUNDING REQUESTS)

EXHIBIT 4 MATCH **(REQUIRED)**

EXHIBIT 5 LETTERS OF SUPPORT (AT LEAST 3)

EXHIBIT 6 CERTIFICATIONS (MUST BE SIGNED AND DATED)

**ONE ORIGINAL AND ONE (1) COPY OF THE APPLICATION, ORGANIZED IN THE ABOVE ORDER. EXHIBITS MUST BE NUMBERED, SIDE-TABBED AND LABELED, AS REQUIRED FOR SUBMISSION.**

**DEADLINE DATE FOR SUBMISSION:**

ALL APPLICATIONS MUST BE RECEIVED IN THE OFFICE OF THE DEPARTMENT OF HUMAN SERVICES, HOMELESS COORDINATION DIVISION, 2051 ROSA PARKS BLVD., SUITE 2A, DETROIT, MI, 48216, **NO LATER THAN 4:30 P.M., FRIDAY, DECEMBER 19, 2003. APPLICATIONS TRANSMITTED BY FAX WILL NOT BE ACCEPTED. NO EXCEPTIONS.**

## CRITERIA FOR SELECTION AND FUNDING

Applications will go through a selection and ranking process. It is possible that not all selected proposals will actually be funded, depending upon the number of applicants and the total amount available to the City.

**Selection for Funding Consideration: 100 points must be scored.** All selected proposals must meet all of the ESGP basic eligibility requirements to be considered for funding. Proposals not meeting the eligibility requirements will be eliminated from consideration. The Basic Eligibility Requirements follow (100 points).

### **Applicant Organization Must:**

1. Be a bona fide, tax exempt, private, nonprofit organization having a voluntary board of directors and an accounting system meeting generally accepted accounting principles, and which does not practice discrimination in the provision of assistance;
2. Have at least one year's experience in serving the "homeless" (and/or "at risk" population if the organization is not a shelter provider), as defined in the ESG regulations; and demonstrate it has appropriate rules and standards, licenses and permits for providing shelter and services, as applicable;
3. Propose ESGP eligible activities.
4. Meet the timing, form and content requirements of the City's RFP and certify it will comply with the requirements of the McKinney Act and City grant agreement with respect to the Emergency Shelter Grants Program implementation.

### **Funding - Ranking Criteria.**

Proposals must demonstrate feasibility and sound management of proposed activities and show these can be implemented in a timely fashion in order to be selected for funding. City staff will visit sites as necessary to verify circumstances. Proposals will be ranked based on relative need and quality of proposed activities using the criteria below. Depending upon amounts available to the City, proposals ranking overall in the bottom half or quarter may not be funded. **Proposals may also be partially funded.** (400 ranking points total maximum)

1. **Environment/Neighborhood Impact.**  
(1)Extent to which site control, zoning, staffing, environmental and area-planning considerations are met and/or will not unduly delay project implementation; 2)Extent to which community supports is demonstrated for the proposed activity or project; 3)The accessibility of the service to the homeless population; 4) Relative need for shelter/services in proposed service area and 5) Impact of facility or services on surrounding neighborhood.  
(50 points)

## CRITERIA FOR SELECTION AND FUNDING OF PROPOSALS (CONT'D)

**2. Quality of Facility and Services.**

Extent to which a shelter facility is safe, sanitary and well maintained and/or extent to which repairs or moderate rehabilitation or renovation will bring the facility into code compliance. Extent to which proposed activities provide, or will provide, for maximum feasible care and services for homeless persons in environments that are well maintained, safe and sanitary, and adequately staffed with qualified personnel. Extent to which other services are appropriate for the population to be served, are provided in safe, sanitary and appropriate environments that are accessible to homeless persons, and are provided by qualified staff. **Emergency shelters must minimally, have applied for licensing by the City of Detroit.** (120 points)

**3. Project Feasibility and Cost Effectiveness.**

Extent to which requested funding is adequate for the feasibility of the proposed project activities, but is not excessive, and the duration for which funded activities are provided. Extent to which proposal adequately addresses needs and provides shelter and/or services in a cost-effective manner. (50 points)

**4. Management Capacity**

Tracks record and experience of organization in providing services or shelter, particularly for the homeless, management capacity and financial accountability of organization; past performance of applicant in City programs and ability to meet audit requirements. (50 points)

**5. Compatibility with Detroit Continuum of Care Plans/ Demonstrated Need**

(1) Extent to which the applicant can demonstrate there is a gap in service being filled or need for services or facilities; 2) Extent to which the proposed activity will provide additional shelter beds, and/or is an expanded or new service or will prevent the loss of existing shelter space or services; 3) Extent to which need of the organization for funding for continued or new operations/services is demonstrated; 4) Extent to which the number of persons to be served and services are not a duplication of existing resources and 5) Extent to which proposed activities are compatible with the City's Continuum of Care needs assessment for homeless population sub groups, e.g. former GA welfare recipients, individuals, families, victims of domestic violence, unaccompanied homeless youth, elderly, handicapped, HIV/AIDS, mentally ill and substance abusers. (105 points)

**6. Matching Capacity.**

Extent to which the applicant can provide adequate management capacity and administrative costs for proposed activities and other personnel or services with its own resources or resources from other non-HUD federal sources. (25 points)

2004 DETROIT EMERGENCY SHELTER GRANT PROGRAM APPLICATION

DEPARTMENT OF HUMAN SERVICES

**FOLLOW ALL INSTRUCTIONS CAREFULLY. PLEASE TYPE OR PRINT LEGIBLY.**

**PART I. ORGANIZATION INFORMATION**

- A. Name of Applicant Organization:
- B. Address:
- C. Mailing Address:
- D. Telephone No.:
- E. Federal Employer Identification Number:
- F. Contact Person Name:  
Title:  
Phone:
- G. ***Briefly*** state the mission and purpose of your organization. An organizational brochure may be inserted after this page in lieu of a written statement.
- H. Is your organization predominantly religious in nature? Yes No
1. How long has your organization served the homeless or those threatened with homelessness? \_\_\_\_ years

**NOTE:** To receive full credit (100 points) for organization eligibility, Exhibit 1 and Exhibit 2 must also be completed. Your proposal will be eliminated from consideration if 100 eligibility points are not scored.



## PART II. SHELTER/TRANSITIONAL HOUSING INFORMATION

- A. Does your organization currently operate emergency shelter(s) (less than 90 days stay) or transitional housing (stays of 90 days or more) for the homeless? Yes No

If yes, list the location(s), unless confidential, of shelter facility(ies), indicate number of days stay allowed (or average stay), the total number of beds provided at each facility and what clientele you service, i.e. men only, domestic violence victims only, women and children only, etc. For transitional housing indicate the average length of time clients and the number of units.

Location	Length of Stay	Number of Beds or Units	Clientele

- B. Does your organization accept intake referrals from:  
1-800-A-SHELTER hotline? Yes No  
963-STAY hotline? Yes No

- C. How many homeless persons, including children, did your facility(ies) serve on an average day in September, 2003? \_\_\_\_\_ persons or \_\_\_\_\_ families.

- D. Does your organization require residents to leave the premises during the day? Yes No

- E. What are the daily intake hours at your shelter? \_\_\_\_\_ to \_\_\_\_\_.  
Does your shelter accept persons after 10:00 PM? Yes No

If no, explain below whether exceptions are ever made to this policy. For transitional housing, explain below or attach your program's intake criteria after this page:

- F. Does your shelter/facility admit handicapped persons? Yes No  
If no, provide an explanation:

### PART III. SERVICES INFORMATION

- A. Does your organization currently provide services other than shelter, meals, hygiene items and clothing for homeless clients and/or for persons threatened with homelessness?  
Yes      No
- B. Briefly lists and describes the types of services your organization provides with its own staff. Insert no more than one extra sheet immediately after this page, and label "Services Description", if necessary.
- C. About how many homeless people or people threatened with homelessness did your organization provide services to on an average day in September 2003?  
\_\_\_\_\_ persons and/or \_\_\_\_\_ families.
- D. Identify services area(s) and locations, i.e. where these services are provided. The service area is the geographic bounds of the neighborhood or area served.

Service Areas Boundaries:

Locations/Addresses:

- E. Do other outside organizations provide services for the homeless at your facility(ies)?  
Yes      No

If yes, list the service provided and the name of the outside organization below:

Service

Name of Providing Organization

**PART IV. MANAGEMENT CAPACITY/STAFFING INFORMATION  
QUALIFICATIONS**

**COMPLETE EXHIBIT 2 IN CONJUNCTION WITH THIS PART**

**1. Staffing/Management Capacity Information:**

How many employees does your organization have? \_\_\_\_\_ Employees

About how many staff persons are employed in shelter/transitional housing operations supervision, maintenance, housekeeping and security? \_\_\_\_\_ Staff

About how many staff persons are employed in providing intake, case management, and/or other services for homeless persons or those threatened with homelessness? \_\_\_\_\_ Staff

About how many staff persons are employed in management/administration of the facility or service activities (general management, fund raising, bookkeeping, accounting, and personnel tasks)? \_\_\_\_\_ Staff

How many volunteers work with your organization to assist with your facility operations or services during a typical week? \_\_\_\_\_ Volunteers

**B. Staff Qualifications**

Briefly describe the general policy regarding level of education or other skill level attainments that your organization requires in hiring its professional employees.

Does your organization knowingly hire persons with criminal records?  
Yes      No

If yes, please explain below:

Does your organization prohibit nepotism (employing relatives of management staff or Board members) in its hiring policies? Yes      No

If no, will your organization implement such a policy before receiving City grant funding?  
Yes      No

**Part V. PROPOSED ACTIVITY DESCRIPTIONS**

- A. What ESG activity(ies) is/are your organization applying for?  
(Check as *applicable*):

Major Rehabilitation, Moderate Repairs or Renovation  
Essential Services  
Operations and Maintenance  
Homelessness Prevention

- B. Financial Summary of Your ESG Request:

Total Requested for Repair/Mod Rehab/Renovation	\$ _____
Total Requested for Operations/Maintenance	\$ _____
Total Requested for Essential Services	\$ _____
Total Requested for Homelessness Prevention	\$ _____
<b>GRAND TOTAL:</b>	<b>\$ _____</b>

- C. Is there anything, e.g. acquisition of site, move to another location, training new personnel Yes No

If yes, explain the specific circumstance:

- D. Identify the proposed location(s) and/or service area(s) where the following proposed activities will be undertaken.

<u>Activity</u>	<u>Location Information</u>
Operations/Maintenance	Shelter or Transitional Housing Address
Essential Services	Address and Service Area
Homelessness Prevention	Address and Service Area

- E. How long is funding for proposed activities requested? \_\_\_\_\_Months.

**Part V. PROPOSED ACTIVITY DESCRIPTION**

**Activity 1. Major Rehabilitation, Moderate Repair or Renovation Description.** Complete the following Items 1 through 5 only if Major Rehabilitation, Moderate Repair, or Renovation Funding is requested. Do not include minor ongoing maintenance repairs of \$5,000 or less in this Activity, but rather under the Operations and Maintenance Activity. *Complete Exhibit 3 in conjunction with this Part. If there is more than one site, complete a separate page 6 for each site.*

1. Location: Street Address: \_\_\_\_\_

Is the building now an existing facility for the homeless?	Yes	No
Will the proposed repair/renovation add beds/units to the facility?	Yes	No
If yes, how many will be added?	____ Beds	____ Units

2. What is the current market value of the building? \$ \_\_\_\_\_

Check how you arrived at the Market Value:  
recent appraisal;      recent selling price;      assessed value;  
realtor's estimate;      other (specify):

3. Is the building presently occupied? Yes No

Will any person or business be involuntarily and permanently displaced by these rehabilitation activities?	Yes	No
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If yes, briefly explain:

4. What is the total amount of ESG funds requested for repair, rehabilitation or renovation for this site? \$ \_\_\_\_\_

5. a) Will the above ESGP funding, upon completion of the proposed work, bring the sites fully into compliance with City building, health and safety codes? Yes No

b) Are funds from other sources already committed for use with the requested ESG funds? Yes No

c) Include a letter from the other sources(s) to verify the amount available in Exhibit 3.

d) Include the total estimated cost of repairs, rehabilitation or renovation, prepared by a contractor, architect or other qualified construction consultant, in Exhibit 3.

**Part V. PROPOSED ACTIVITY DESCRIPTION**

**Activity 2. Shelter Operations/Maintenance - Description of Need**

1. Describe how City funding of this activity will help to improve, expand or maintain your organization's facility. How will this activity otherwise meet the needs of your homeless clientele? If this proposed funding will provide bed/unit availability for special subgroups (mentally ill, domestic violence victims, youth, persons with AIDS, etc.) of the homeless population, describe the population and how this will meet their special needs. *One extra sheet labeled "Operations and Maintenance Activity Description" may be inserted after this page if necessary.*
  
2. About how many nights of shelter will the proposed ESG funding assist? Average number occupied beds/day \_\_\_\_\_ x \_\_\_\_\_ # days = \_\_\_\_\_ nights of shelter.
  
3. Use the formula below and data from September 2003 to arrive at the average daily per person cost of your facility.  
  
Formula: Total shelter expense 9/2003 \$\_\_\_\_\_ divided by 30 = \$\_\_\_\_\_ per day, divided by average number persons sheltered per day 9/2003: \_\_\_\_\_ equals average cost per day per person of \$\_\_\_\_\_.
  
4. Are meals included in the above cost per day? Yes    No  
  
If yes, how many meals? \_\_\_ 1/day; \_\_\_ 2/day; \_\_\_ 3/day; \_\_\_ 3+snack  
Total monthly cost for meals 9/2003 \$\_\_\_\_\_
  
5. Are other counseling/supportive services costs, included in the total monthly 9/2003 cost?  
Yes \$\_\_\_\_\_ services;  
No  
If yes, list the supportive services included:

**Part V. PROPOSED ACTIVITY DESCRIPTION**

**Activity 2. Shelter/Transitional Housing Operations and Maintenance Budget. This budget is NOT for service activities.**

Fill in the Proposed Use of ESGP funds for this Activity. Use a separate Page 8 for each shelter/facility location.

Facility Location: \_\_\_\_\_

**Maintenance and Security Personnel:**

Job Title	#FTE	Dollar Amount
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer Taxes and Fringes		_____
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Utilities (gas, water, electric, heat)		_____
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Telephone		_____
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Rent		_____
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Insurance		_____
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Hygiene Items for Clients		_____
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Furnishings (specify): _____		
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_____		
_____		
_____		

Equipment (specify): _____		
----------------------------	--	--

_____		
_____		
_____		

Maintenance Supplies		_____
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Kitchen/Household Supplies/Linens		_____
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Minor Building Maintenance Repairs		_____
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Laundry/Laundry Supplies		_____
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Grocery Items/Food		_____
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**Other Non-Administrative Costs (Specify in blanks below)**

_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

Non-Administrative Subtotal:		_____
------------------------------	--	-------

Administrative Operating Staff	_____
Office Supplies/Furnishings	_____
Office Equipment/Maintenance/Lease	_____
Audit	_____
Administrative Subtotal (may not exceed 10% of Non-Administrative subtotal above)	_____
<b>Total Operations and Maintenance Request:</b>	_____

## Part V. PROPOSED ACTIVITY DESCRIPTION

### Activity 3. Essential Services Description

1. Describe what services your organization is proposing to provide and what population of homeless persons will be served. **Outreach to the street homeless is very desirable and a focus point of the Department.** One extra sheet labeled "Essential Services Description" may be inserted after this page if necessary.
2. Explain how these services will meet the needs of the homeless population to be served.
3. About how many homeless persons will receive the proposed services if ESGP funds are provided? \_\_\_\_\_ persons
4. Does your organization already provide these services? Yes No  
If yes, briefly explain how this proposal will expand or prevent a loss of services.



**Part V. PROPOSED ACTIVITY DESCRIPTION**

**Activity 3. Essential Services Budget.**

If Activity is provided by a Shelter/Transitional Housing organization and there is more than one location, provide a separate Pg. 10 for each location. Fill in the Proposed Use of ESGP funds for this Activity, as applicable:

Facility Location: \_\_\_\_\_

**Personnel:**

Job Title	#FTE	Dollar Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Employer Taxes and Fringes		_____

**Transportation Services:**

Bus Tickets \_\_\_\_\_

Cab Rides \_\_\_\_\_

Van: Oil/Gas/Maintenance \_\_\_\_\_

Food vouchers/meals (not provided at a shelter/transitional-housing site)  
\_\_\_\_\_ meals @ \$\_\_\_\_\_/each \_\_\_\_\_

Clothing for Clients \_\_\_\_\_

Prescriptions/Medical Costs /Drug Tests \_\_\_\_\_

Specify: \_\_\_\_\_

Legal Services \_\_\_\_\_

Educational Supplies \_\_\_\_\_

**Other Costs Related to Carrying Out Services:**

(Specify in blanks below)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Audit (if not in operations/maintenance) \_\_\_\_\_

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**Part V. PROPOSED ACTIVITY DESCRIPTION**

**Activity 4. Homelessness Prevention - Budget**

Fill in the Proposed Use of ESGP funds for this Activity, as applicable:

**Personnel:**

Job Title	#FTE	Dollar Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Employer Taxes and Fringes		_____

Bus Tickets	_____
Cab Rides	_____
Car: Oil/Gas/Maintenance	_____
Utility Payments	_____
Food Vouchers/Meals	_____
Clothing/Household Goods/Furnishings	_____
Emergency Repairs- Furnaces, Other	_____
Mortgage, Rent Payments	_____
Security Deposits	_____
Prescriptions/Medical Costs	_____
Specify: _____	
Legal Services	_____
Identification/police clearances	_____

**Other Costs: (Specify in blanks below)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Audit (if not in operations/maintenance)	_____
<b>Total Prevention Activity Request:</b>	_____

**Part VI. OTHER FINANCIAL RESOURCES**

- A. Explain what other financial resources your organization has, or plans to apply for within the next six months, from private contributions, foundations, City programs, State homeless programs or federal homeless programs that will supplement the proposed activities in this application. Below, please list all funding sources. Also state the amounts of match for this proposal on Exhibit 4.

## EXHIBIT 1

### ORGANIZATION QUALIFICATIONS

After this page, insert the items listed below. Label each item separately, e.g. Exhibit 1, Item 1; Exhibit 1, Item 2, and so on.

- Item 1. Articles of Incorporation or Certificate showing date of incorporation.
- Item 2. By-laws or excerpts from Articles of Incorporation to demonstrate that your organization's Board of Directors serves in a voluntary capacity.
- Item 3. A list of the officers of the Board of Directors of your organization, specifying name, board position and address.
- Item 4. A copy of letter from the Internal Revenue Service verifying tax-exempt 501 (c) (3) status under the Internal Revenue Code.
- Item 5. A complete copy of your organization's latest audited financial statement. Budgets are not acceptable. If the financial statement is earlier than FY 2000, also explain why a more recent statement is not available.
- Item 6. **Shelters or Transitional Housing:** A copy of your rules and policy, including admission and discharge criteria.  
  
**Services:** A copy of intake eligibility criteria/policy for services.
- Item 7. **Shelters:** Either (1) A copy of your City of Detroit Emergency Shelter License, (2) A copy of the first page of your application for an Emergency Shelter License, stamped by the Consumer Affairs Department, or (3) A copy of the receipt indicating payment of the application fee for an Emergency Shelter License.
- Item 8. A copy of your organization's appeal rights policy for terminated/discharged clients.
- Item 9. A statement of how your organization will actively involve homeless, or formerly homeless, persons in an advisory, implementation, or other policy making capacity with respect to the provision and carrying out of proposed ESG activities.

## EXHIBIT 2

### ZONING, LICENSES AND INSPECTIONS

After this page, insert the items listed below. **Label each item separately, e.g. Exhibit 2, Item 1; Exhibit 2, Item 2.**

- Item 1. Submit a letter from the Detroit Department of Buildings and Safety Engineering or Detroit City Planning Commission or other proof that all of your proposed facility and/or service sites have permissible zoning classifications. If the use is only for office space, or if your organization performs all of the services at another group's site, this item is not required.
- Item 2. **Shelters and Transitional Housing Only.** Submit a certificate of occupancy, permit or license for each shelter or transitional housing site.
- Item 3. **Shelters and Transitional Housing Only.** Submit the latest certificate of inspection from the Department of Buildings and Safety Engineering or a copy of the latest inspection report that includes all code violations that need to be addressed, or that have been addressed.
- Item 4. **Services Only.** Provide copies of licenses to verify that services (e.g. substance abuse treatment, food services, child care, psychological counseling) meet standards for the particular industry. If licenses are not required, explain what qualifications or training your staff that performs the proposed services has.

## EXHIBIT 3

### REHABILITATION, REPAIR, RENOVATION INFORMATION

If your organization is applying for funds to rehabilitate, repair or renovate a facility that is to be used as an emergency shelter, after this page, insert the items listed below. **Label each item for each site separately, e.g. Exhibit 3, Item 1-Site 1; Exhibit 3, Item 1- Site 2; Exhibit 3, Item 2-Site 1; etc.**

- Item 1. If available, for each site, submit copies of exterior and interior photos, particularly of interior areas where work is proposed.
- Item 2. For each site, provide a copy of the deed, mortgage, land contract or lease to demonstrate your organization controls the property.
- Note: If the rehabilitation cost is more than 75% of the value of the building to be rehabilitated, then the building must be used as a shelter for at least 10 years after work is done. If the rehabilitation cost is 75% or less of the value, then the use period is 3 years. If the property is leased, make sure the lease duration will meet these requirements.
- Item 3. For each site, insert itemized estimates of the full, total cost to bring the building up to code (NOT JUST AMOUNT OF ESG FUNDING REQUESTED). Professional (architect, consultant or contractor) cost estimates are preferred.
- Item 4. If cash, donated labor or donated materials will be used from other sources in conjunction with ESG funds, then submit copies of letters from the other sources showing these commitments for each site.

## EXHIBIT 4

### MATCH

**Match is required;** up to 25 additional points can be added to your application depending upon match amount provided.

Insert below the amount or value of match your organization will provide, after July 1, 2004, from county, state, city, private or other Non-HUD federal funds that will match this ESG proposal.

1. Private cash donations \$ \_\_\_\_\_
  2. Value of donated equipment, materials, clothing, food \$ \_\_\_\_\_
  
  3. Volunteers @ \$5 per hour (\_\_\_\_\_ total hrs x \$5) \$ \_\_\_\_\_
  4. Foundation grants \$ \_\_\_\_\_
  5. City, county, state or federal funds  
(Non-HUD, if federal origin) \$ \_\_\_\_\_
  6. Fair market value of building or leasehold interest  
donated (Rehab match only) \$ \_\_\_\_\_
  7. Other Staff costs or administrative staff costs not paid  
from HUD funds. Staff costs only. \$ \_\_\_\_\_
- (Do not count these costs, if already included in #1, 4 or 5 above.)

**\*Specify below the name of each city, federal, state or county program (including Salvation Army FIA funds) being counted as match:**



**EXHIBIT 5**  
**LETTERS OF SUPPORT**

Attach at least three (3) letters dated after July 1, 2003 from neighborhood or other community organizations in support of this application.

## EXHIBIT 6

### EMERGENCY SHELTER GRANT PROGRAM CERTIFICATION FORM

I hereby certify on behalf of \_\_\_\_\_, a tax exempt, nonprofit organization, that should this proposal be awarded Emergency Shelter Grant (ESG) funds by the City of Detroit, said organization shall, in carrying out grant funded activities, comply with the terms and conditions of the grant agreement with the City of Detroit, which shall incorporate 24 CFR Part 576, including, but not limited to, the following provisions:

1. Any building for which ESG funds are used for minor repair or renovation shall be used as an emergency shelter for the homeless for not less than a three-year period. If the activity is major rehabilitation or conversion, use, as an emergency shelter shall be for not less than a ten-year period.
2. If ESG funds are used to lease commercial facilities to provide emergency shelter, the commercial facilities shall be leased at a rate substantially less than normally charged and be shown cost effective.
3. If ESG funds are used for operating and maintenance costs of emergency shelter, the shelter building shall be maintained as a shelter for the homeless for as long as ESG assistance is provided, in compliance with local health, building and safety codes.
4. If ESG funds are used for renovation, conversion or rehabilitation, the building must meet local government safety and sanitation standards upon completion of construction work.
5. Homeless individuals and families shall be given assistance in obtaining appropriate supportive services, including permanent housing, medical health treatment, mental health treatment, counseling, supervision, and other services for achieving independent living, and other Federal, State, local, and private assistance available for such individuals.
6. The applicant organization shall assure that they have taken all reasonable steps to minimize the displacement of persons, families or businesses as a result of a project assisted under this part.
7. The applicant organization shall comply with all Federal, state and local laws regarding nondiscrimination and equal employment opportunity and homeless persons' rights with respect to termination of services.
8. The applicant organization shall comply with HUD requirements regarding the Establishment Clause of the U.S. Constitution as provided at 24 CFR 576.22 if ESG funds are used to rehabilitate, repair or convert a building owned by a religious organization.

## EXHIBIT 6

### EMERGENCY SHELTER GRANT PROGRAM CERTIFICATION FORM - CONT=D

9. The applicant organization shall comply with Federal Administrative Requirements (24 CFR Part 85) and Federal Cost Principles (OMB Circular A-122) and Federal Audit Requirements (OMB Circular A-133).
10. The applicant organization shall comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856) as applicable, with the Drug Free Workplace Act and the requirement that it make a good faith effort to keep the shelter premises free from drugs or alcohol.
11. The applicant organization shall comply with all rules and regulations regarding lobbying, conflicts of interest and the prohibited use of debarred, suspended or ineligible contractors.
12. The applicant organization shall ensure that records are maintained as necessary to document compliance with the provisions of 24 CFR Part 576 and their grant agreement with the City. Additionally, the applicant organization shall ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted with ESG and that the address or location of any family violence shelter project will not be made public.
13. The applicant organization has, or will have upon execution of the grant agreement, an action plan to assure that homeless or formerly homeless persons, to the extent feasible, are involved in the provision of ESGP funded activities, which may include such involvement as placement of such a person or persons on the applicant's Board of Directors in an advisory or other capacity.

The undersigned attests that he/she is duly authorized by the Board of Directors of the above named organization to submit this proposal and certifications to the City of Detroit.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_